



MASSWILDLIFE

DIVISION OF FISHERIES & WILDLIFE

1 Rabbit Hill Road, Westborough, MA 01581

p: (508) 389-6300 | f: (508) 389-7890

MASS.GOV/MASSWILDLIFE

Jack Buckley, Director

Young Adult Pheasant Hunt Program Participant Registration Form **(TO BE COMPLETED BY PARENT/ LEGAL GUARDIAN)**

Name of Sportsmen's Club Hosting the Program: _____

Youth participant's full name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-mail: _____

Hunter Education Certificate Number: _____

If age 15-17:

Firearm Identification Number: _____ Hunting License Number: _____

Parent/legal guardian's name (*print*): _____

I understand and agree that by signing this registration form I will follow all safety precautions as they are explained to me.

Youth Participant's signature

Date

Parent/legal guardian's signature

Date

All forms, except the medical waiver, are to be sent to MassWildlife: Attn: Youth Pheasant Program, 1
Rabbit Hill Road, Westborough MA, 01581

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Youth Pre-Survey

Have you hunted in the past? Yes___ No___ If yes, how many times? _____

Have you ever been pheasant hunting? Yes___ No___ If yes, how many times? _____

To what degree do you think your family, friends, and/or peers are supportive of hunting?

☐ Very supportive

☐ Not supportive

☐ Supportive

☐ Very unsupportive

Please indicate whether any of the following groups you know hunt and, if so approximately how often they hunt. *(Check only one option per row)*

Who	How often they hunt				Do not hunt
	More than once a year	Once a year	Once every 2 years	Once every 5 years	
Direct family (parents, siblings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended family (aunts, uncles, grandparents, cousins)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How interested are you in going hunting in the future?

☐ Very interested

☐ Not very interested

☐ Interested

☐ Not at all interested

How likely do you think it is that you will hunt in the future?

☐ Very likely

☐ Not likely

☐ Likely

☐ Very unlikely

Why or why not? _____

What would increase the likelihood that you would hunt in the future? _____

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Parental/ Legal Guardian Consent Form

(To be completed by parent/legal guardian)

I, _____ the parent/legal guardian
of _____ (child) desire to have my child participate in the **Young Adult
Pheasant Hunt Program** held by the _____ Club, and hereby consent to my
child's participation in the program and grant the club the unconditional right to use my child's name,
voice and photographic likeness in connection with articles, press releases and audio/video productions
resulting from this event.

In giving my consent for my child to participate in the program, I understand that hunting is a
sport involving firearms which, if mishandled can be dangerous and cause serious injury and/or death to
my child or others. I understand and agree that my child will use utmost care during his/her
participation in the program, and agree that he/she will adhere to the standards, guidelines and
requirements of hunting and firearms safety. I understand and agree that my child will follow the safety
instructions given to him/her by the club, its members, agents, employees, instructors and volunteers. I
understand and agree that the club reserves the right to remove my child from the program if, in their
opinion his/her safety or the safety of others is jeopardized. I understand and agree that I or another
adult authorized by me shall be present with my child during all activities and events of the program.

Signature

Date

Name (printed)

Phone: _____

Address: _____

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Release and Indemnification Agreement

(To be completed by parent/legal guardian)

In consideration for, and as an inducement to the

_____ Club (club) allowing my child to participate in the **Young Adult Pheasant Hunt Program** (program), and recognizing that my child's participation in the program involves the use of firearms I, _____, parent/legal guardian intending to be legally bound, hereby, for my child, myself, my heirs, executors and administrators, voluntarily assume all risks of accident, injury or death and release and forever discharge the Commonwealth of Massachusetts, acting by and through the Division of Fisheries and Wildlife within the Department of Fish and Game and its officers, employees and agents (Commonwealth), the club and their officers, agents, employees, volunteers and assigns (collectively, the parties) of and from any and all claims, debts, demands, actions, causes of actions, suits, dues, sum and sums of money, accounts, reckonings, bonds, specialties, agreements, promises, doings, omissions, damages, executions and liabilities of whatsoever kind and nature, including but not limited to any and all liability for personal injury, death or property damage of any kind, both at law and in equity, and any that have been or may be claimed before any governmental agency, which have arisen or may arise as a result of or in association with my child's participation in the program.

I hereby further covenant and agree that I shall save the parties harmless and shall indemnify the parties from and against any and all claims, liabilities and costs for any personal injury, death, property damage or other damages and loss that arise directly or indirectly out of or in connection with my child's participation in the Massachusetts Young Adult Pheasant Hunt Program, including but not limited to the parties' negligence, reckless or intentional conduct. I further agree that the club shall at no time be considered an agent or representative of the Commonwealth. This hold harmless and indemnity agreement shall include indemnity against all costs, expenses and liabilities incurred in connection with any such injury, death, loss or damage or in defense of any claim or claims on account thereof, including reasonable attorney's fees.

Signature _____

Date _____

Name (printed) _____

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Emergency Medical Authorization Form

(To be completed by parent/legal guardian)

Form is for the Club ONLY

Please attach to this completed form a copy of your child's health insurance card to facilitate prompt authorization of medical treatment in the case of an emergency.

Youth participant's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Phone: (_____) _____ Email: _____

Doctor: _____ Phone: (_____) _____

Health insurance: _____ Policy #: _____

Residential parent or legal guardian: _____

Mother's name: _____ Phone: _____

Father's name: _____ Phone: _____

Known allergies: _____

Last tetanus shot: _____

Additional information/ special instructions: _____

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